

MEMBERSHIP APPLICATION & ACCOUNT AGREEMENT

Account Ownership: ☐ Individual (sections 1, 2, 5) ☐ Joint (sections 1, 2, 4, 5)
☐ Individual with Beneficiaries (sections 1, 2, 3, 5) ☐ Joint with Beneficiaries (sections 1-5)

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

ACCOUNTS REQUESTED (check all that apply)

☐ REGULAR SHARES ☐ SUB-SHARES ☐ SHARE CERTIFICATE ☐ HOLIDAY CLUB ☐ MONEY MARKET
☐ SHARE DRAFT/CHECKING ☐ SECOND CHANCE CHECKING
OVERDRAFT PROTECTION: ☐ REGULAR SHARES ☐ SUB SHARE ☐ MONEY MARKET ☐ VISA ☐ NO OVERDRAFT

SECTION 1 – MEMBER INFORMATION

Member Name: _____
 (Last, First, Middle Initial)

Home Address: _____
 (No P.O. Boxes allowed) City State Zip

Mailing Address: _____
 (If different than above) City State Zip

Home Phone: _____ **Mobile Phone:** _____ **Work Phone:** _____ **Email:** _____

Employer: _____ **Occupation:** _____

Driver's License or State Issued ID # _____ **Issued Date:** _____ **Expiration Date:** _____

Date of Birth: _____ **SS# or Tax ID:** _____

Security Questions:

Mother's Maiden Name: _____ **Telephone Password:** _____

Security Question: _____ **Security Answer:** _____

SECTION 2 – TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Enter your Tax Identification Number below (for most individual taxpayers, this is their social security number):

Enter your Exempt Payee Code below (if any):

Note Regarding Exempt Payee Code: If you are exempt from backup withholding, you should provide an Exempt Payee Code above to avoid possible erroneous backup withholding.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. citizen or other U.S. person (defined in the W-9 Form, General Instructions).

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See Certification Instructions in the W-9 Form).

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature: _____ **Date:** _____

SECTION 3 – PAY-ON-DEATH (P.O.D.) BENEFICIARY DESIGNATION

If I make a pay-on-death (P.O.D.) beneficiary designation, I understand and agree that all sums are payable, by request, to the account owner during his/her lifetime and, upon his/her death, to the designated P.O.D. payee(s) or, if the Account is jointly owned, to one or more account owners during their lives and, on the death of all of them, to one or more payees then surviving in equal and individual shares, unless designated otherwise below. As between P.O.D. payees, there is no right of survivorship. A pay-on-death designation set forth in this Signature Card cannot be changed by a will.

Beneficiary #1 Name: _____ **Date of Birth:** _____ **Relationship:** _____ **SS#** _____
(Last, First, Middle Initial)

Beneficiary #2 Name: _____ **Date of Birth:** _____ **Relationship:** _____ **SS#** _____
(Last, First, Middle Initial)

SECTION 4 – JOINT OWNER(S) DESIGNATION**JOINT OWNER # 1**

Name: _____
(Last, First, Middle Initial)

Home Address: _____
(No P.O. Boxes allowed) City State Zip

Home Phone: _____ **Mobile Phone:** _____ **Work Phone:** _____ **Email:** _____

Employer: _____ **Occupation:** _____

Driver's License or State Issued ID # _____ **Issued Date:** _____ **Expiration Date:** _____

Date of Birth: _____ **SS# or Tax ID:** _____

Security Questions:

Mother's Maiden Name: _____ **Telephone Password:** _____

Security Question: _____ **Security Answer:** _____

JOINT OWNER # 2

Name: _____
(Last, First, Middle Initial)

Home Address: _____
(No P.O. Boxes allowed) City State Zip

Home Phone: _____ **Mobile Phone:** _____ **Work Phone:** _____ **Email:** _____

Employer: _____ **Occupation:** _____

Driver's License or State Issued ID # _____ **Issued Date:** _____ **Expiration Date:** _____

Date of Birth: _____ **SS# or Tax ID:** _____

Security Questions:

Mother's Maiden Name: _____ **Telephone Password:** _____

Security Question: _____ **Security Answer:** _____

SECTION 5 – CONSENT TO CONTACT

To ensure that you receive important communications from the Credit Union, we are requesting your permission to contact you by phone using an automatic telephone dialing system or artificial or prerecorded voice. **You are not required to give this consent as a condition of becoming a member of the Credit Union or obtaining any loan, line of credit, or other products or services from the Credit Union.** You may revoke your consent by following the instructions in this Section 5.

Marketing Communications: By initialing immediately following this paragraph below, you hereby expressly consent and agree that the Credit Union, our agents, and/or our assigns may contact you at the home or mobile telephone number(s) you provided above via phone call or text message for marketing purposes regarding products/services offered by the Credit Union using any method, including, but not limited to, using an automated dialer, a live person, a telephone call using a prerecorded or artificial voice, or a text or SMS message. You understand that, as a result, you may incur charges from your phone carrier (contact your phone carrier for details).

Member Initials: _____

Joint Owner #2 Initials: _____

Joint Owner #1 Initials: _____

Non-Marketing Communications: By signing this Membership Application and Account Agreement below, you hereby expressly consent and agree that the Credit Union, our agents, (such as third-party debt collectors), and/or our assigns may contact you at the mobile telephone number(s) you provided above via phone call or text message regarding information about your account including any debt owed by you to the Credit Union (such as debt collection), any loan application you have submitted or that is otherwise in process, and/or any other purpose that is not prohibited by law. You understand and expressly agree that we, our agents, or our assigns, may contact you at the mobile phone number(s) below using any method, including, but not limited to, using an automated dialer, a live person, a telephone call using a prerecorded or artificial voice, or a text or SMS message. You understand that, as a result, you may incur charges from your phone carrier (contact your phone carrier for details).

Some exceptions to the consent requirement apply. For example, we may use automated calls or SMS text messages to contact you on your mobile device(s) without first obtaining your consent if the call/text involves (1) potential fraud or identity theft; (2) data security breaches; (3) steps to take to prevent identity theft following a data breach; and/or (4) money transfers.

You may revoke your consent at any time by contacting the Credit Union at (800)-369-7672, visiting a branch, or by writing to us at POPA FCU, 13304 Alondra Blvd., Cerritos, CA 90703.

SECTION 6 – SIGNATURE(S)

I hereby make application for membership in and agree to conform to the by-laws (as amended) of POPA FEDERAL CREDIT UNION. I understand that the Credit Union may verify all information I have given in this Application. I understand that if the information I have provided cannot be verified and/or is invalid, my membership/account ownership eligibility may be terminated/denied by the Credit Union. I acknowledge and agree that the terms of this Application shall control and apply to any other accounts classified as “sub accounts.” I acknowledge that I have received a copy of the Credit Union’s Truth-in-Savings Disclosure, Electronic Services Disclosure and Agreement, and that I have received a copy of the current Rate and Fee Schedule (“Disclosures”). All of the terms, conditions, and information contained in the Disclosures are by this reference incorporated in their entirety into this Membership Application and Account Agreement (“Application”). I authorize the Credit Union to contact and inquire of my references, my spouse, and my employer(s) (past, present, and future), and to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I authorize the Credit Union to furnish information concerning my account and payment history with POPA FCU to credit reporting agencies. I authorize the Credit Union to pay any overdraft items and any fees for Credit Union services from funds subsequently deposited into my account. I agree to the terms and conditions of the Disclosures and this Application.

Member Signature: _____ Date: _____

Joint Owner #1 Signature: _____ Date: _____

Joint Owner #2 Signature: _____ Date: _____

Attach the following document(s):

A picture or copy of a government-issued identification for all the accountholders.

Teller# _____